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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent

Application No. 09/847,679
Filing Date: May 2, 2001
Applicant: Parkman
Group Art Unit: not assigned
Examiner: not assigned
Title: Transmit authorization
Attorney Docket: 7784-000211

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REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Hon. Commissioner of Patents
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Washington, D.C. 20231

Sir:

We acknowledge receipt of the Official Filing Receipt for the above identified application.

However, please change the correspondence address as follows:

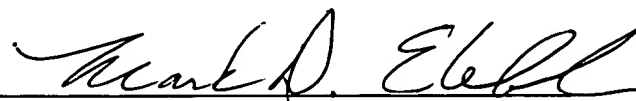
Should be: Mark D. Elchuk
Harness Dickey & Pierce P.L.C.
P.O. Box 828
Bloomfield Hills, Michigan 48303

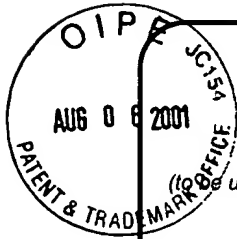
Accordingly, please correct your records and issue a corrected filing receipt.

Respectfully submitted,

HARNESS, DICKEY & PIERCE, P.L.C.
Attorney For Applicants

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August 2, 2001
MDE/jo


Mark D. Elchuk
Reg. No. 33,686

Please type a plus sign (+) inside this box → ☐**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/847,679
	Filing Date	5/2/01
	First Named Inventor	Parkman
	Group Art Unit	not assigned
	Examiner Name	not assigned
Total Number of Pages in This Submission	Attorney Docket Number	7784-000211

RECEIVED
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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Official Filing Receipt and postcard
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Mark D. Elchuk	Reg. No.	33,686
Signature					
Date	August 2, 2001				

CERTIFICATE OF MAILING/TRANSMISSION

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Typed or printed name	Mark D. Elchuk		
Signature		Date	August 2, 2001

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Bib Data Sheet

CONFIRMATION NO. 4807

SERIAL NUMBER 09/847,679	FILING DATE 05/02/2001 RULE	CLASS 380	GROUP ART UNIT 2131	ATTORNEY DOCKET NO. 7784-000211	
APPLICANTS David S. Parkman, Mercer Island, WA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/28/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no		STATE OR COUNTRY WA	SHEETS DRAWING 2	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged		Examiner's Signature		Initials	
ADDRESS Mark D. Elchuk Harness Dickey & Pierce P.L.C. P.O. Box 828 Bloomfield Hills ,MI 48303					
TITLE Transmit authorization					
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